

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FLING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4	1	1				
5	1	1				
6		3				
7		1				
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TOTAL IND.

11

TOTAL DEP.

8

TOTAL CLAIMS

11

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	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.

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TOTAL DEP.

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TOTAL CLAIMS

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